



PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	Attorney Docket Number		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor		
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number		
☐ Declaration Submitted OR with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		
	Group Art Unit		
	Examiner Name		

				·			
As a below named inventor, I he	reby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
MULTIPLE AREA S	MOKE DETECTOR	SYSTEM					
the specification of which	r	We of the Invention)					
is attached hereto				•			
OR		as United 9	tates Application I	Number or PCT	International		
was filed on (MM/DD/YYYY)			••		tli-able)		
Application Number and was amended on (MM/DD/YYYY) (If applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
certificate, or 365(a) of any PCT	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, licited below and have also identified below, by checking the box, any foreign application for petent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Co	py Attached? NO		
Rumon(s)		(MANUAL TITT)	1	7E9	NO		
			1 8 1		H		
			Ö				
☐ Additional foreign application	Additional foreign application numbers are fisted on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United States provisio	nal application(s)	isted below.			
Application Number(s)	Filing Dat	(MIM/DDYYYY)	Additional provisional application numbers are livied on a supplemental priority data sheet PTO/SB/02B attached hereto.				
60/222.300	08/01	/2000					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THES ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside Approved through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nor Bar Code		OR X	orrespondence address below			
Name BERNARD VINING						
Address 6419 SOUTH TROY STREET						
Address 6419 SOUTH TROY STREET						
CHICAGO City		ILLINOIS State	ZIP 60629			
COOK	773-863-858 Telephone	4	773-863-8584 Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR	A patition has been filed for this unsigned inventor					
Given Name BERNARD		Family Name VINING or Surname				
(first and middle [If any]) DECEMBER 21, 2000						
Inventor's Signature	1170121	<u></u>	Date			
CHICAGO Residence: City	ILLINO State	OIS COOK Country	US Citizenship			
6419 SOUTH TROY STREET						
Mailing Address 6419 SOUTH TRO	y street					
Mailing Address CHICAGO ILL State	LINOIS	NOIS ZI60629 Country COOR				
City Jacob A mother has been filed for this unsigned inventor						
NAME OF SECOND INVENTOR:		A petition has accirri	led for this drivinghed with the			
NAME OF SECOND INVENTOR: Given Name (first and middle (if anyl))		Family Name or Surmame	iod for this diagnost mountain			
		Family Name				
Given Name (first and middle [if any])		Family Name or Sumame	Date			
Given Name (first and middle [if any]) inventor's	State	Family Name				
Given Name (first and middle [if any]) inventor's Signature		Family Name or Sumame	Date			
Given Name (first and middle [if any]) Inventor's Signature Residence: City		Family Name or Sumame	Date			
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address		Family Name or Sumame	Data			